



Quiet Knee Protocol

Dr. Gilmer's Preferred Home Recovery Guide After Knee Replacement

Goal: Reduce swelling first — which reduces pain and helps you regain motion, strength, and confidence.

These are general guidelines. Every patient heals differently. Always follow the specific instructions from your care team.

Why a “Quiet Knee” Matters

Swelling slows healing, increases pain, and limits motion. Keeping the knee calm, elevated, and cool allows you to move more comfortably and recover faster.

This protocol focuses on:

- Controlling swelling
 - Protecting your knee
 - Gently restoring motion
 - Avoiding overuse too early
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Weeks 1–2: Calm, Protect, and Move Gently

Nutrition & Supplements

- **Diet:** Stay on a low-sodium, anti-inflammatory diet.

- **Supplements:** Use the recommended supplements listed on our nutrition information page — or consider the package available at <https://mythriveprotocol.com/> and use code **b.gilmer** for a discount.

Compression

Coverage and compression are recommended **from foot to thigh** to help control swelling.

- If the stocking placed in surgery feels **too tight at the top**, you may carefully cut the upper band to partially relieve pressure on the thigh (do not remove the stocking entirely unless instructed).
- If putting on the white TED hose is difficult or painful, consider **EdemaWear** stockings, which are looser and easier to apply: <https://edemawear.com/>

Ice (Cold Therapy)

Keeping the knee cool helps reduce swelling and pain. Two good options:

Option 1: Regular ice packs/manual icing

- Use ice bags or a bag of frozen vegetables.
- Always wrap in a **clean towel** to protect the skin.
- Ice about **20 minutes at a time**, then remove.
- Take a **20-minute break**, then you may resume icing as needed.
- Keep multiple packs in the freezer so you can alternate them.

Option 2: Breg Polar Care WAVE device

- Provides **continuous cold and compression**.
- Can be left on the knee without needing icing breaks.
- Compression further assists with swelling reduction.
- For information about ordering, please contact our office.

Physical Therapy & Movement (while awake)

- **Limited weight-bearing** with assistive device for at least 1 week
- **Range of motion:** 5–8 minutes every hour
 - Heel slides / gentle bend (10 per hour)
 - Gentle straightening (10 per hour)
 - Ankle pumps (10 per hour)
 - Walk 5–10 steps per hour
 - Heel hang: 10 minutes, 3× per day
- **Elevate:** 40 minutes each hour (toes above nose)
- **Ice:** 40 minutes each hour to the surgical knee
- Avoid stairs as much as possible

- **Muscle work:** Tighten the thigh in full extension only — **no squats or resisted exercises** yet
- **Motion goal:** Straight to 0° and bending to about 110° by day 14

Step Limits

- Week 1: **up to 750 steps/day**
- Week 2: **up to 1,200 steps/day**

If motion or swelling is not improving, your team may recommend additional therapies (lymphatic massage, compression pumps, or muscle stimulation).

Weeks 3–6: Build Motion, Still Protect Swelling

Continue

- Anti-inflammatory diet
- Continue the recommended supplements from our nutrition information page (or the Thrive package if you chose it) to support swelling control
- Compression as needed

Physical Therapy

- Gradually reduce assistive devices as comfortable
- Range of motion: 5–8 minutes, **six times per day**
- Elevation and icing: **at least** 40 minutes, 3× per day (more if swollen)
- Continue quadriceps tightening in full extension
- **No resisted/closed-chain strengthening (like squats, lunges, step-ups) until after 6 weeks**
- Aim to match your best motion from surgery by around week 4

Step Limits

- Week 3: up to 2,000/day
- Week 4: up to 2,750/day
- Week 5: up to 3,500/day
- Week 6: up to 4,500/day
- Then: increase by ~1,000 per week — let **pain and swelling** guide you

Additional treatments may be considered if swelling or motion lag behind.

Work & Daily Life

- **Office work:** Usually safe to resume in **1–2 weeks**, with extra rest, elevation, and icing if possible.
 - **Most non-strenuous jobs:** Often appropriate to resume by **4–6 weeks**.
 - Plans may vary based on swelling, pain, and the physical demands of your job.
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Call Your Care Team If You Notice

- Increasing redness, warmth, fever, or drainage
 - Severe or worsening pain
 - Sudden calf pain or shortness of breath
 - Inability to bend or straighten despite following the plan
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Key Reminders

- Swelling control comes first.
- Gentle, frequent motion beats aggressive exercise.
- Use pain and swelling as your guide.
- These are guidelines — your plan may be adjusted for **you**.

If you have questions, contact Dr. Gilmer's team so we can help keep your knee quiet and your recovery on track.